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ABSTRACT

The paper reviews literature pertaining to art and art therapy for persons with severe handicaps. Following a definition of terms (including disability terms), a distinction is made between art education and art therapy. Chapter 2 presents an historical overview on art education for the handicapped, beginning with the influences of Maria Montessori. The history of art therapy for the handicapped is then followed by reviews of art education and art therapy for the severely handicapped. It is concluded that art may be best taught to individuals with severe handicaps through a structured approach using task analysis and behavioral objectives. Chapter 3 describes functional art therapy, an approach to remediate learning problems and developmental lags. The final chapter discusses applications of functional art therapy for the severely handicapped. (CL)

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NORTHERN ILLINOIS UNIVERSITY

FUNCTIONAL ART THERAPY FOR THE SEVERELY HANDICAPPED

A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

DEPARTMENT OF ART

BY

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ABSTRACT

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Abstract

Functional Art Therapy as indicated in this study is a pioneer approach which holds a great deal of promise for the severely handicapped in educational and clinical settings as they become mainstreamed from large institutions to smaller residential facilities and special schools. Although the visual arts as a creative activity may not be appropriate or possible for this particular population, Functional Art Therapy provides an alternative approach.

A review of the literature indicates a need for a structured approach utilizing task analysis, positive reinforcement and behavioral objectives in a structured environment. A structured approach has demonstrated slight gains in social, cognitive and motor skill with the severely handicapped.

It seems vital to personnel preparation that Functional Art Therapy be included as part of the curriculum for undergraduate and graduate programs in the area of special education, art education and art therapy. It will also have an impact on current policies and regulations in educational and clinical settings.

The need for further research is indicated through case studies and pre- and post-tests as well as the

development and testing of evaluation procedures related to art therapy with the severely handicapped.

Certification: In accordance with departmental and graduate school policies, this thesis is accepted in partial fulfillment of degree requirements.

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Table of Contents

Page

CHAPTER:

I. Introduction..... 1

Background of the Problem..... 1

Statement of the Problem..... 3

Delimitations of Study..... 4

Significance of Study..... 4

Definition of Terms..... 4

II. Historical Overview.....14

Art Education for the Handicapped.....14

Summary.....24

Art Therapy for the Handicapped.....25

Summary.....35

Art Education for the Severely Handicapped...36

Summary.....40

Art Therapy for the Severely Handicapped.....41

Summary.....56

Chapter Summary.....57

III. Therapeutic Approaches of Art for the Severely Handicapped.....59

Classifications of Art Therapy.....59

Functional Art Therapy.....61

IV. Considerations for Applications of Functional Art Therapy for the Severely Handicapped.....69

Settings for Functional Art Therapy.....69

Personnel Preparation.....71

Recommendations.....73

Conclusions.....75

Endnotes.....78

Reference Notes.....80

Reference List.....81

Appendices

A. Drawing.....96

B. Painting.....99

C. Arts and Crafts--Cutting, Pasting, and Gluing.....102

D. Fiber Arts.....104

E. Ceramics.....106

F. Evaluation of Art Therapy Session.....108

G. Individual Program Outline.....110

Chapter I

INTRODUCTION

Background of the Problem

Practices of segregating severely and profoundly handicapped individuals in usually distant and large institutional settings are changing. The preferred placement for this specific population is in the least restrictive environment especially designed to meet their needs related to their particular impairments. An exploration of events and related considerations will provide insights into their special needs.

In 1971, a suit was brought about by the Pennsylvania Association of Retarded Children and the decision was made in Federal Court that free public school education should be provided for mentally retarded persons (Smith & Arkans, 1974; Sontag, Burke, & York, 1973). Songan et al. (1973) believed that Mills versus Board of Education of the District of Columbia in 1972 was even more important, as it expanded the educational system to all handicapped, with their problems being more intense and expensive to solve.

Public Law 94-142 intended "to assure that all handicapped children have available to them...a free appropriate public education which emphasizes special education and related services designed to meet their

needs" (Van Dyke, 1977, p. 187). The six principles of Public Law 94-142 of zero reject, non-discriminatory classification, individualized and appropriate education, least restrictive educational placement, procedural due process, and participatory democracy (Turnbull & Turnbull, 1979) make it very clear for the need to study current procedures and possible alternative approaches for the severely handicapped.

The National Committee, Arts for the Handicapped (NCAH) was established in 1975 as a joint project from the John F. Kennedy Center for Performing Arts and the Office of Education, Department of Health, Education and Welfare (Kukuk, 1977). Past emphasis has been on increasing the number of students served by art programs, to conduct research and disseminate information on curriculum and instruction in arts for the handicapped as well as to exemplify model arts programs that have been successful with handicapped (Allrutz, 1978; Kukuk & Sjolund, 1976). However, this committee has indicated the need for study and research in the area of the arts for the severely handicapped.

With the formation of the American Association for the Severely and Profoundly Handicapped (AASPH), the learning potential of this special population was becoming recognized through behavior modification research where carefully contrived and designed instructional programs developed the clients more than expected (Smith & Arkans, 1974; Stainback, Stainback & Maurer, 1976).

The Bureau of Education for the Handicapped (BEH) listed the severely and profoundly handicapped as a top priority in 1975 (Stainback et al., 1976). Many of those to be included in the special schools are the formerly institutionalized who are residing in foster homes and group homes in the community (Smith & Arkans, 1974). Institutions for the retarded have been placing clients in these homes to reduce institutional populations and to provide homelike environments with opportunities for training and integration into the mainstream of society as has been recommended by the President's Committee on Mental Retardation (Thornley, 1976).

Various art therapy approaches have been utilized with special populations according to their special needs. Currently, the utilization of art therapy for the severely handicapped has been very limited. This means that new art therapy approaches must be developed to meet programming needs and regulations necessary for this population in residential facilities.

Statement of the Problem

A Functional Art Therapy approach, in this researcher's opinion, may be formulated and expanded as an appropriate methodology for the severely handicapped. A careful review of the literature indicates that information pertaining to art education or art therapy for the severely handicapped is minimal and scattered. Existing literature does, however, indicate a rationale of art and art therapy for the severely

handicapped as well as a methodology that would be appropriate in working with this special population. This study will present a methodology of Functional Art Therapy for the severely handicapped.

Delimitations of Study

This study is concerned with a review of the literature pertaining to art and art therapy for the severely handicapped and will not discuss specific handicaps or experiential activities appropriate for this population.

Significance of the Study

The purpose of this study is to expand upon the understanding of Functional Art Therapy and its application to the severely handicapped. It is hoped that this may ultimately lead to specific goals in facilitating physical, mental and emotional development for the severely handicapped. The historical overview of existing literature and a methodology for Functional Art Therapy for the severely handicapped to be presented may assist in developing more effective and accountable programs in art for this special population which may be utilized by art therapists, art educators, and special and regular educators who wish to incorporate art into the total programming for the severely handicapped.

Definition of Terms

A handicapped person is "one who, because of physical, intellectual or emotional impairment, is significantly hindered from learning, working, playing, adapting to the

expectations or demands of society, or doing the things other individuals of that age can do (Grossman, American Association of Mental Retardation, 1977, p. 141).

Disability "is the actual dysfunction or limitation caused by the disease or injury. But, the disability is a 'handicap' only to the extent that a person is not able to function normally in employment, education, recreation, homemaking and so on" (Nesbitt, 1975, pp. 67-68).

The most familiar definition of developmental disabilities is included in Public Law 95-602 and refers to a "severe, chronic disability of a person which

(A) is attributable to a mental or physical impairment, or combination of mental and physical impairments;

(B) is manifested before the person attains age twenty-two;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity:

(i) self-care,

(ii) receptive and expressive language

(iii) learning,

(iv) mobility,

(v) self-direction,

(vi) capacity for independent living, and

(vii) economic self-sufficiency; and

(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are individually planned and coordinated" (42 USC 4102 [7]).

(Summers, 1981, p. 259)

Mental retardation "refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period" (Grossman, American Association of Mental Retardation, 1977, p. 11). Gold (1975, in Berdine & Cegelka, 1980) also defines mental retardation as referring "to a level of functioning which requires from society significantly above average training procedures and superior assets in adaptive behavior, manifested throughout life" (p. 14).

Profoundly retarded is defined as

when intelligence testing scores are more than five standard deviations below the norm (19 and below on the Stanford-Binet

> and 24 and below on the Wechsler Scales [extrapolated]); such persons require continuing and close supervision but some persons may be able to perform simple self help tasks; profoundly retarded persons often have other handicaps and require total life support systems for maintenance.
>
> (Grossman, p. 149)

Severe mental retardation is defined as

> when intelligence testing scores range more than four and up to five standard deviations below the norm (20 to 35 on the Stanford-Binet and 25 to 39 on the Wechsler Scales [extrapolated]); such persons require continuing and close supervision, sometimes called dependent retarded.
>
> (Grossman, p. 149)

Sontag et al. (1973) lists the characteristics of severely retarded, severely emotionally disturbed and the immobile multiply handicapped as those who are

> not toilet trained; aggressive towards others; do not attend to even the most pronounced social stimuli; self mutilate, ruminate, self stimulate, do

> not walk, speak, hear, or see; manifest durable and intense temper tantrums; are not under even the most rudimentary forms of verbal control; do not imitate; manifest minimally controlled seizures; and/or have extremely brittle medical existences. (p. 21)

Trainable retarded are considered those that have intelligence quotients from 25 to 49, according to Kirk and Johnson (1951, in Berdine & Cegelka, 1980); however, there is no designation of which intelligence quotient tests were used to arrive at the intelligence quotient levels.

The handicapped child who is classified as custodial is considered to be dependent and requires constant care and supervision for survival. They are rarely, if ever, mainstreamed into a normal school curriculum but are usually enrolled in a special school for exceptional children and have I.Q.'s below 30 (Kunkle-Miller, 1981, p. 14).

Multiply handicapped may be defined as a "child who exhibits handicaps in any two or more categories" (Art Educators of New Jersey, 1976, Ch. 2, p. 12).

The subtle differences between normalization and mainstreaming should be discussed as it applies to the type of settings which would be appropriate to the severely handi-

capped. Mainstreaming "is the American term for the principle of integration...and implies both normative life-styles and integration with non-handicapped populations" (Gunn & Peterson, 1978, p. 43).

Normalization, a European term, may be defined as "the utilization of means which are as culturally normative as possible, in order to establish and/or maintain interpretations, personal behaviors and characteristics which are as culturally normative as possible" (Wolfensberger, 1972, p. 12). Normalization is broader in scope than mainstreaming and does not always imply integration. It implies a normal routine of life, an opportunity to undergo normal developmental experiences of the life cycle and that the choices and desires of the handicapped need to be considered as much as possible (Nirje, 1969).

Deinstitutionalization

> encompasses three interrelated processes: (a) prevention of admission by finding and developing alternative community methods of care and training; (b) return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local settings; and (c) establishment and maintenance of a

> responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to normal community living, whenever possible.
>
> (Scheerenberger, 1974, p. 4)

Emphasis is on instruction and training taking place in the least restrictive environment which supports the normalization principle (Berdine & Cegelka, 1980).

Third force psychology or humanistic psychology, associated with Maslow and Rogers, is "based on principles of motivation and growth needs in contrast to the principles of the unconscious emphasized in psychoanalysis or the principle of reinforcement in behavior-oriented therapies" (Robbins, 1980, p. 113).

Structure in education has been defined as lessons being arranged from "...a particular learning experience in an orderly, sequentially sound, well-organized manner with full awareness of and control over all the various aspects of the situation" (Lettig, 1972 in Simonson, 1979, p. 14).

Gold (1968) has defined task analysis as the reduction of new learning to its smallest component parts and is based on the tenents of giving the pupil only one item to learn at a time, not adding new steps until the last one has been thoroughly learned, and analyzing and reducing the

tasks to be taught to a series of the smallest step possible.

Art education is based on two major justifications for teaching art.

> The first type emphasizes the instrumental consequences of art in work and utilizes the particular needs of the students or the society as a major basis for forming its objectives....The second type of justification emphasizes the kinds of contributions to human experiences and understanding that only art can provide.
>
> (Eisner, 1972, p. 6)

Art therapy, as defined and accepted by the American Art Therapy Association (AATA),

> provides the opportunity for non-verbal expression and communication. Within the field, there are two major approaches. The use of art as therapy implies that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more compatible relationship between

his inner and outer worlds. (Note 1)

Packard (1980) defines art therapy as the

> use of art in a therapeutic setting for the psychological growth or improvements of humans....i.e., controlled use for specific gains, not random play with art media, or even creative problem solving for other purposes such as art education or monetary gains.

A distinction should be made between art education and art therapy. According to a joint conference of the American Art Therapy Association and the National Art Education Association (1980),

> PL 94-142 is quite clear about the need for both "special education" and "related services". Art education is part of the former, defined as "specially designed instruction to meet the unique needs of a handicapped child"; while art therapy would fall under the latter, defined as "those which are necessary to assist the child to benefit from special education.
>
> (Levick, 1980, p. 298)

Functional Art Therapy as defined by Ault (Note 2) includes clients with special problems of mental retardation, physical disorders, and organic anomalies such as brain

injury. The focus of attention is directed toward the specific physical, emotional or educational goals while maximizing the health maturation process. As normal growth and maturation are frequently disrupted, therapy is directed towards alleviating this as well as directing attention towards the pathological functions of the body and personality.

Chapter II

HISTORICAL OVERVIEW

Art Education for the Handicapped

One of the most important early influences on art education for the handicapped was Montessori (1912) who believed in sensory education of the handicapped child through doing things for themselves so that self-teaching took place and success was experienced. She used geometric inserts to develop manual ability, to execute geometric design and to prepare the eye to appreciate the harmony of proportions in the formation of drawing skills.

Kilpatrick (1914) disagreed with Montessori and believed senses could not be improved with training and that there was no transfer of learning from didactic materials to life situations. He also thought that Montessori's methods were too restrictive.

Descoeudres' (1928) principles of education utilized the natural activities of the child so that emphasis was on perceptual knowledge and training of the senses through individualized instruction. She taught discrimination of shapes, colors, and sizes, for example, in the natural environment through field trips and believed the very young child learned more through a sense of touch. As for drawing,

she stated that "drawing is sometimes the first method by which the child succeeds in expressing or projecting his thoughts" (p. 36) and is useful for developing eye-hand coordination. She taught through games and activities and correlated handwork and drawing with arithmetic.

Duncan (1943) felt that the mentally retarded were more capable when working with concrete things. Therefore, children were taught handiwork and crafts, such as needlework, which were used for the stimulation of thought in solving visual and concrete problems which were arranged into steps and stages to form a graded scheme. He felt that free expression in teaching art was of little value to the mentally retarded; however, a systematic development of art techniques through learning to use the tools correctly and planning work would lead to the development of free expression.

Kirk (1951) believed that in teaching arts and crafts, art should be used as a method of expression, to improve motor coordination and attitudes. Techniques and skills should be taught in purposeful and functional situations, with the choice of product originating with the child, utilizing inexpensive and easy-to-handle materials. The child should not be deprived of manipulative experiences because of awkwardness or incoordination but should derive personal satisfaction from a task well done.

Gaitskell and Gaitskell (1953) believed that the mentally retarded follow developmental patterns similar to normal

children, with some deviations. It will take longer to get to a particular stage--where they will remain for an extended period of time--but they will have developed better coordination because of their comparatively older age. The art work of the handicapped is usually more uninteresting aesthetically than normal children's work, and they are less likely to attach verbal meaning to the marks produced. It was determined that those with intelligence quotients of 50 and above, with a chronological age of 7, were capable of participating in and benefitting from art education, and those with an intelligence quotient down to 40 might profit from art education. The products of these children were original "in the sense that it was the product of their own efforts to make statements about their own thought and feelings, resulting from their own experiences in life" (p. 43, emphasis theirs). They were of the opinion that art education should be primarily for personal development and not for production of art. A child who is adversely affected in an area of personality, may be adversely affected in other areas. Conversely, a mentally retarded child who benefits from art activities might also undergo desirable changes in personality.

Lindsay (1968) stated that "keeping to the rules of art may at first appear to be the antithesis of freedom of self expression." These procedures "enable many backward children to state clearly in paint what they have to portray, which

they would otherwise not do if left to their own resources" (pp. 22-23). She stated in 1972 that

> Many handicaps definitely obstruct the normal movements and senses that are required for creativity and it might seem a contradiction to suggest that creative activities could play any useful part in helping to overcome such obstacles. This, however, merely draws our attention to another aspect of handicap. We are speaking of those who, because many if not all of the other activities have been denied them, have the greatest need of creative expression and yet often lack the basic means to express themselves even in this way. Creative activity can often provide the key to some solution of their problem. (p. 10)

Lindsay also believed art may be used to develop manual dexterity and patterns of movement; social communication; to restore confidence; to master the environment through controlling tools and materials; and to encourage observation and discrimination of color, shape and texture; as well as stimulate the imagination.

Lovano-Kerr and Savage (1972) summarized existing

literature and presented the beginning of a structured, sequential, behaviorally based art program for the mentally retarded. A method for assessing individual increments of learning was included. She discussed the utilization of behavioral objectives as being necessary for individualized instruction, to measure increments of learning and terminal behavior. Systematic teaching approaches are necessary for learning to occur by identifying art behaviors, stating behaviors adequately, developing instructional materials and evaluative instruments. Drawings of a third grade class of educable retarded were scored before and after a Criterion-Referenced Art Curriculum which was developed by the author for the mentally retarded. Behavioral objectives were found to be useful in developing, organizing and presenting an art curriculum. However, evaluation and criteria should not be too restrictive.

Winkelstein, Shapiro and Shapiro (1973) discussed previous studies of art programs for the retarded where concentration was on the quality of the relationship between the therapist and child, the expression of emotional problems, and an art curriculum where emphasis is on personality and cognitive dimensions. This study described the evaluation of an art curriculum and the changes that took place by adding an art specialist to the existing art program. Conclusions were that the group with the additional art program did not improve any more than the other two

groups although all groups improve; however, this could be due to maturation and the short time limit of five months for the program.

Kaslow (1974) stated that

> creative arts modalities afford children an avenue for expressing through non-verbal means, emotions and thoughts that they may be incapable of articulating. Through symbolic forms, the pupil illuminates the nature of his problem to the teacher, as he gains some awareness of these for himself. (p. 235)

May (1976) explored the role of art in education of exceptional children. She distinguished between art education and other uses of art for the exceptional, and made suggestions for implementation of art programs for this population through multi-modality sensory stimulation. She suggested the use of modifications and adaptive equipment to make art more effective so that exceptional children may use art to express themselves creatively.

Morishima (1977) believed that many retarded children are not as creative or as expressive as normal children. They require an enrichment program with highly structured elaborative skill training with outer directedness and opportunities to imitate the behavior of others to overcome these difficulties. Teachers who worked with these special

children utilized adapted materials, special equipment, and differential instructional tactics.

Anderson (1978) discussed the difficulties in measuring aesthetic responses and warned against using them as a panacea or as the only means for evaluating the child. However, it must also be accepted that "behavioral objectives are here to stay" (p. 43). They are part of the educational system because of PL 94-142 "which states that each child receiving special education must have an 'individualized education program'" (p. 44). Although these objectives are necessary, they should be primarily a means of stating instructional goals.

Kukuk (1978) stated that

> Few educators question the fact that basic skills, or life skills are of prime importance for survival of the handicapped in society. The question which must be asked, however, is whether or not the traditional, and often self-defeating, verbal/written approach is the best method of teaching those skills. (p. 51)

Newby (1980) placed art with the handicapped on a continuum from art as psychotherapy, as therapy, as expression, as skill development and as studio art. The objectives ranged from therapeutic with no appreciable

concern for the product, educational objectives with the product being for personal and expressive values, to aesthetic objectives with total concern for the art object.

> The art psychotherapist utilizes drawings, paintings and less frequently art executed in other media by the client/patient to study the psychological state of that subject and to discern changes that may be occurring....In the application of "Art as Therapy", the art product is similarly viewed as a means of discerning changes in the psychological functioning of the client/student rather than in aesthetic references...and deals with existing symptoms and feelings.... Similarly, within the concept of Art as Expression, as practiced by many art educators, a student's work is accepted as a product of value because of its personal expressive content, a graphic representation of that individual's ideas and efforts. (n.p.)

Higher levels are described which stress instruction in processes with adaptive tools and materials and a

structured art education approach with a client beginning with psychotherapy and moving along the continuum as therapeutic needs become less.[1]

In 1981, Rubin discussed studies carried out with handicapped children and concluded that their art experiences are quantitatively different than those of normal children. Their creative experiences are unique and if the changes and growth indicated in the products are to be indices of development, it is essential that an awareness of the aesthetics of this special population be understood and respected.

Feldman (1982) presents a new thrust for art education by placing art in the mainstream as a statement of value and commitment. Art is important as the core of education because it means work, language (of visual symbols) and values.

Rubin (Note 3) in a pamphlet from the National Committee, Arts for the Handicapped, stated that

> Art gives him a way to control, to order, to "map out" a confusing sense of his body or of his environment, of time and space -- to make sense out of things through organizing them, or to organize himself in the productive activity. It gives him a way to discover and define himself

> through genuine choices and decisions, and creations which are uniquely his. It gives him a way to create products of which he can be proud, which he can give to others, through which he may at times add true beauty to the world. More important, in the productive-creative experience, he can add true meaning to his life -- to his reality as well as to his fantasy. Art for the handicapped can and must be more than a way of filling time, or a means of improving manipulative skills. (n.p.)

The normalization principle is reinforced by the assumptions that the needs of exceptional children are the same as those of other children and can therefore be satisfied in a similar manner (Sherrill & Cox, 1977; Van Osdol, 1972). Specific benefits have been listed by Alkema, 1967; Allrutz, 1974; Barlow, 1964; California State Department of Education, 1967; Champman, 1977; Groff, 1969; Jones, 1967; Kleinke, 1968; Maynard, 1976; Newby, 1980; Rainey, 1974; and others. These include motor development (eye-hand coordination, fine motor coordination, hand dominance, manual

dexterity, muscle memory, proprioceptive muscle sensitivities); communication skills in receptive and expressive areas; cognitive abilities (organizing, identifying, classifying, symbolizing and inventing); behavioral areas (socialization, respect for others, learning to work together); and affective expression (body concept, self-awareness, self-esteem, and psychological adjustment through emotional release). Art may also be used to develop pre-vocational skills and improve work habits, as a potential hobby and recreational pastime to facilitate normalizational processes, as a motivator for learning, and to develop sensory awareness.

Summary

The studies on art education for the handicapped seem to indicate that the handicapped follow the same developmental patterns of creative growth as normal children but tend to take longer to get to a particular stage and remain there longer. However, there may be possible improvements in motor coordination due to being older chronologically. Beginning art experiences were best developed through sensory education utilizing manipulation of concrete material in a structured manner.

Creative abilities and aesthetics for the handicapped differed somewhat from normal children, as their unique products were not as rich in expression but were qualitatively different in indicating development. These products needed to be judged in their own right, taking into

consideration the abilities of the individuals who produced them.

The rationale of art education for the handicapped assumed the benefits were the same as those for normal children with additional emphasis on developing survival skills and adding meaning to life. Other benefits listed included improvement in motor development, communication skills, cognitive abilities, behavioral areas and affective expression as well as improving work habits, motivating learning and as a recreational pastime.

The beginnings of art as a structured sequential, behaviorally based program of measuring increments of learning is introduced and forms the basis of later program structuring for the severely handicapped. This is necessary to develop behavioral objectives as required by Individual Education Plans in accordance with Public Law 94-142.

Although Gaitskel and Gaitskel believed those with intelligence quotients below 40 would not benefit from art education, others have stressed the benefits of art for this special population and they will be discussed in the sections on art education and art therapy for the severely handicapped.

Art Therapy for the Handicapped

Rouma (1913, in Goodenough, 1926) noticed differences

between the spontaneous drawings of retarded and normal children, with the retarded children showing a marked tendency to automatism, slowness in the evolution from stage to stage and frequent retrogression to an inferior stage. Many drawings of the retarded which cover the paper are not finished and exhibit a flight of ideas through dissimilar subject matter. Certain drawings of the retarded were very complete, but when examined more closely it was discovered that the child had slowly evolved the drawing through a series of sketches, modified slightly, until a certain degree of perfection was reached. Occasionally a handicapped child will possess an unusual power of visual memory and will be able to produce remarkable drawings which may be considered analogous to retarded individuals who display superiority in one of their facilities (idiot savant). This drawing ability is also reinforced by the tendency of the retarded to represent an idea in its totality or to reproduce all the details in a given sketch.

Bender (1938) discussed the ability of the ego to determine reality where the mental deficiency is associated with organic brain damage. With constitutional or hereditary types of retardation, the tests given showed results similar to a normal child of the same mental image, but the mentally retarded also produced a greater variety of responses than normal children as well as more rigid patterns and perceptive difficulties.

Alschuler and Hattwick (1949, 1969) established the importance of painting as an expressive outlet for preschool children which would be near the developmental level of many severely handicapped. Conclusions reached were that color tends to reflect the nature and degree of intensity of the child's emotional life; line and form tend to reflect the amount of energy and the degree and direction of control utilized by the child; and space usage and pattern tend to reflect the child's relations and reactions to the environment. Color, line and form together indicate the balance between the child's impulsive drives and his overt controlled behavior.

Machover (1949) believed that children's drawings of human representations related to the individual drawing them with the same intimacy as their gait, handwriting, or any other expressive movements.

Lowenfeld (1957) discussed the "therapeutic aspects of art education." He believed that all human beings were endowed with the basic drive of a creative spirit and that no one had the right to draw a demarcation line dividing those who were not worth any effort.

Handicaps were divided into objective aspects as the handicap is diagnosed or measured, and subjective aspects of the individual's own attitude toward the handicap. Handicaps may be further understood by considering the primary aspects of the defect itself of a mental, emotional

or social nature, and the secondary aspects of the individual's relationship to the handicap itself. Empathy in therapy develops through an understanding of the relationship between these aspects of the handicap.

According to Lowenfeld, how one looks to oneself and feelings of worth as they influence the body image are influential in the four stages of creative growth that the handicapped individual goes through, which depends on the kind and degree of handicap. The first stage usually shows a very diffuse concept formation which only vaguely relates to the individual's experience. This may consist of stereotyped repetition having little if any coherence. Meaningful details are either not present, diffusely expressed, or not related to each other.

The second stage is usually marked by a greater coherence in concepts but a more rigid adherence to the same symbols for the same objects. This repetition probably reflects the individual's inability to relate to distinct experiences.

The third stage shows greater variability in expression through relating individually to the things represented with specific details. Greater flexibility is developed when the individual is closely motivated toward experiences by a freedom of expression. This may often be a marked discrepancy from the restricted behavior in other areas as if there were two personalities, one for the creative situation

and one outside of it. This behavior occurs in almost any therapeutic situation as an outcome of the confidence developed in the clinical situation as contrasted to the apparent "hostile" environment.

The individual's desire to express himself freely and relate this freedom to other areas of living is characteristic of the fourth stage. Relationships to past and present experiences are experienced with more freedom and flexibility. The body-image is now projected unconsciously in the drawings, free from stereotypes. One of the most important factors in therapy is to "bring the subjective detachment into balance with the objective handicap, that is, to make the handicapped individual realize his abilities as well as his restrictions, his freedom as well as the necessary dependence" (p. 442, emphasis his).

Case studies were discussed including one of a mongoloid with a mental age of five years who was helped to develop a more mature body-image through drawing and thus moved from an institutional setting to a smaller apartment under an experimental program of the institution.[2]

The premise of Schaeffer-Simmern (1961) was that simple structures preceded more complex ones and that one should not expect most children or adults to reach the highest stages of artistic achievement. These stages begin with very simple figure-ground relationships between simple shapes. He uses these theories in an institutional setting

and described his work with a 30-year-old woman with a mental age of 6 years, 10 months. Her development, while drawing trees and flowers, was described along with the subtle changes that took place in the branches and leaves as they changed directions and became more elaborate. As these changes were subtle they could be mistaken for pointless repetition; however, it should be kept in mind that all children use repetition to learn and that retarded children need more repetition, as they develop at a slower rate.

Harris (1963) based his work of drawing the human figure on the studies of Goodenough (1926), with results indicating that the mentally handicapped showed more details than normal children who showed more correct organization and proportion of the parts. He described a study by Statyn-Egge in 1952 where children who were unable to scribble possessed no language; children who did scribble possessed a few words and those who drew recognizable objects had acquired some language skills.

Barlow (1964) was interested in the interlocking dualism of creativity and therapy. "Creative expression is needed as an outlet for personal ideas and inspirations of the retarded person when he cannot formulate these ideas in words or sentences" (p. 30) and as a means of emotional release. Discrepancies between the mental age and the chronological age must be kept in mind when planning

and evaluating art experiences.

Mallison (1968) utilized art as a part of educational therapy, for diagnostic evaluation and educational treatment along with other educational therapy techniques in the treatment of neurologically impaired children. The therapy is creatively directed toward the children's problems at their developmental level so that they may deal with them on terms that they can understand.

DiLeo (1970) stated that

> the drawings of subnormal children resemble those by younger children in lack of individual details, in unrealistic body proportions, in lack of optical perspective. Qualitative differences, however, permit the differentiation from superficially similar drawings by the younger normal child. (p. 224)

A lack of cohesion, deficiency in relationship to body parts and the presence of both primitive and mature features are different from normal children. His basic premise for valid interpretation of drawings was that "knowledge of developmental sequences is essential lest one consider deviant what is merely the immaturity of a normally developing psyche" (1973, p. 18, emphasis his). However, the retarded sometimes express their insecurity and depression through

their body image projected on paper.[3]

Silver (1972, 1975) asked whether art can prompt the brain injured to organize their experiences and learn to use language if deaf, affect behavior of the disturbed, and provide useful clues to what the child knows and thinks. She concludes with a positive answer. She discussed the transfer of learning and generalization through positive rewards to strengthen responses.

Since art activity is pleasurable, it is sometimes considered as play. However, art activities do have real value. The developmental stages of transfer of learning begins with eye-hand coordination (visual-motor activities), then moves to images, and then to symbolizing which occurs about age seven. Through development, language becomes the preferred mode of thought, a left-brain activity. However, in some individuals, imagery remains the basic instrument for thinking, which is predominantly a right-brain activity. Even though the capacity for language may be severely impaired, symbolizing and reasoning may be intact. Therefore, if language disorders are associated with damage to the left hemisphere while visual motor disorders are associated with damage to the right hemisphere, then art may perhaps be used to develop non-verbal thinking. Aesthetic and therapeutic goals may not necessarily conflict and the best may be made from both rather than choosing between them. Case studies are

discussed that suggest that art can stimulate transfer of learning from art class to other school situations.

Uhlin (1972) discussed the philosophy on the development of personality and body-image. He covered the introvert-extrovert, visual-haptic theories, and their relationships to the right and left hemispheres of the brain, and the functions of both sides. He also covered the mentally handicapped and the use of the House-Tree-Person test. The mentally handicapped move through the same developmental stages as normal children but at a much slower rate and seldom move beyond the schematic stages of 7 to 9 years and may express themselves with slightly different characteristics. He stressed the use of large motor games, especially in early years, as motor experimentation is crucial in discovering form and space.

Crawford (1975) criticized mechanical manipulation and structure as having no therapeutic value for the retarded; they may have an adverse effect. The repetition "may throw him into a mental and emotional rigidity worse than before," according to Schaefer-Simmern (p. 388). Research carried out on mildly retarded adolescent girls indicated gain took place through creative activities as opposed to structured activities. The projects selected for the structured groups were tasks such as sewing cards and cutting out silhouettes, and the group became bored and unruly.[4]

Gonick-Barris (1976) found that children with minimal

brain dysfunction were able to develop with creative art expression that was begun in very structured art groups where the tasks were constructed in simplified steps to overcome their particular weaknesses in learning. The procedures began with a great deal of structure and moved slowly to more freedom.

Kunkle-Miller (1978) discussed the use of art therapy with retarded adults in an open-ended art interview with a variety of media and no specific task. "Theoretically, the 'ideal' client for art therapy is one who is at a representational level artistically, has some awareness of self, an ability to express feelings and some association skills" (p. 125). However, she discovered through her work that art therapy may be used with the retarded who function at various levels and may be useful as a means of establishing a relationship for verbalizing feelings, as an indicator of intelligence and as a way of learning basic living and prevocational skills.

Musick (1978) discussed the "creative necessity" hypothesis which proposes that creativity is a phylogenetic capacity and necessary condition for fully functioning human existence. She discussed the neglect of the right hemisphere as "particularly relevant to the many non-verbal individuals whether aphasic, autistic, mentally retarded or brain damaged, who communicate from the right hemisphere" (p. 63). In other studies (1977) she has shown that children with

retarded mental development can develop to near normal levels in non-verbal creative activities while verbal activities remain deficient, showing that mentally retarded individuals may function more effectively through right hemisphere expression, as "man was a visual problem solving animal, capable of creative solutions long before he developed speech and verbal abilities" (p. 65).

Summary

Literature pertaining to art therapy for the handicapped stresses the therapeutic aspects of art and the importance of diagnostic evaluation of developmental differences between normal and handicapped individuals, taking into consideration the discrepancies between chronological age and mental age, and the recognition of deviations in development.

The handicaps should be considered therapeutically as they are diagnosed or measured as well as the individual's attitudes toward the handicap. An understanding of the relationship between these two aspects of the handicap cultivates empathy in therapy. During the development of Lowenfeld's four stages of therapy, feelings of worth and body-image are reflected in the unfolding of diffuse concept formation which may proceed to the final stage of freedom from stereotypic projections of the body-image which relate to each individual as intimately as their gait or handwriting.

Developmentally, drawings proceed from simple to more complex structures and may be correlated with the development of receptive to expressive language. Beginning art experience may require exercises based on sensory relationships.

It appears that some clients will find various art modalities another way to communicate because of organic brain damage, particularly to the left hemisphere. Research on left and right brain functions indicated that those with damage to the left side were able to perform near normal developmental levels in non-verbal art activities. For those who may be unable to communicate verbally, art may prove useful as another mode of communication and learning.

Although it has been expressed that no line should be drawn between those who can benefit from art and those who cannot, other authors believe that some individuals may not benefit from art. This will be discussed more fully in later sections on the severely handicapped.

Art Education for the
Severely Handicapped

Healy (1963, 1972) believed that retarded children follow a developmental sequence similar to normal children in artistic expression, but are slower. The subject matter is limited due to their limited experiences, and challenging motivation is required to develop their imagination. The teacher must determine what level of development the child is

at in manipulative abilities. Very few trainable children will go beyond the stage of 5 to 7 years. These manipulative skills learned through art may be applied to activities of daily living.

Kleinke (1968) worked with clients with an intelligence quotient of between 25 and 50 in art activities, storytime period and dramatic free play. This included hand plays, structured art activities that also utilized daily living skills such as buttoning and unbuttoning the paint shirt and cleaning up after themselves. He stated that art improved motor coordination, communication and self-confidence.

Larson and Bricker (1968) discussed the utilization of coloring books, although using plain paper was also mentioned. Manual guidance and fading support of the hand and other behavior modification procedures were discussed as they applied to coloring. They also suggested dating the pages to maintain a record of progress. Pictures that are suitable are those that are simple with a heavy, dark outline which may be faded to more complex pictures with lighter outlines. They should be taught to color in straight lines and gradually move to round figures. After this is accomplished, the correct colors for objects may be taught.

Schwartz (1970) stated that

> Even in the more freely expressive experiences provided for exceptional children, there is little evidence

> of any kind of growth. A characteristic of the work of these children is the unvarying repetition of the visual forms they are able to produce.... When well meaning teachers believe that the severely handicapped child is experiencing "art" they are misinformed, or are deluding themselves. (p. 40)

Greenberg (1972) discussed diagnosis with art therapy and the use of conditioning in training where limited results are to be expected from limited children.

> It is essential that all lessons be broken down into their simplest components in order to facilitate learning. Children at all intellectual levels can acquire new knowledge through art, but teaching methods must be altered in order to accommodate each level....Children with more severe mental handicaps will rarely behave creatively in the conventional sense. However, this does not

> mean that critical learning will not take place. There is an inability to develop beyond a given mental age in expression and in conceptual thinking. (p. 163)

Learning in art includes socialization, coordination through manipulation of media, conceptual thinking through color, shape and size precepts, and development of positive self-concepts. Growth and knowledge may be measured through their art accomplishments.

Sontag, Burke and York (1973) discussed the art teacher who will be confronted by students "who eat paint...do not follow directions, do not imitate, who self-stimulate, and self-multilate" (p. 24).

Rainey (1974) arranged art activities according to difficulty from a task analysis basis to assist the teacher in planning and structuring activities.

Thrapp (1975) gave 8 trainable mentally retarded children visual-motor tutoring with 8 others serving as controls. Both groups were pre- and post-tested on the Leiter and Hiskey Nebraska Test of Learning Aptitude. The experimental group showed significant improvement while the control group showed no change. This indicated that a systematic program of visual-motor tutoring on the level of cognitive functioning (intelligence quotient) of the trainable may be a vehicle for successfully aiding them to

function optimally. The types of lessons used were not described, but items tested included memory for color, picture identification, picture association, block pattern and completion of drawings.

Art Educators of New Jersey (1976) recommended in working with the severely handicapped that the teacher be attentive in observing and learning their verbal and non-verbal messages, provide experiences for them to develop to be the persons they are, and encourage and stress individual differences.

Stainback, Stainback and Maurer (1976) listed the inadequacies of art teachers in the area of severely and profoundly handicapped and stressed the necessity of field experience to see if the teacher can work with this type of client. It is also helpful to be familiar with modification tools such as prosthetic aides.

Summary

Very little literature exists on art education for the severely handicapped; however, indications are that it is consistent with other knowledge of art education for the handicapped. It is best taught through a structured approach from simple to complex, using a task analysis approach and behavioral objectives. Experience indicates that there is some progress in cognitive functioning from art activities with this special population.

Even though the evidence of creative growth is meager,

art may not be really experienced as art but may instead be experienced as an unvarying repetition of visual form. However, learning may still be acquired in art as growth, and knowledge may be measured in small increments even though it may not be considered creative in the conventional sense.

Indications are that all teachers should develop skills in interpreting verbal and non-verbal messages and be familiar with modifications of tools and equipment to assist the severely handicapped to develop to their fullest potential. Clinical experiences are necessary to ascertain whether the individual is able to work with clients who eat paint, do not follow directions or imitate, and may be self-injurious and/or have stereotypic movement patterns. Teachers will need to be aware of and open to the creativity levels of this special population and judge the products as a record of new growth experiences and another avenue to learning.

Art Therapy for the
Severely Handicapped

McDermott (1954) discussed the distinct advantages of art therapy for the severely handicapped to prevent poor adjustment patterns and to ameliorate those already existing. As art therapy is not limited by verbal interaction or gross physical disabilities, it may be used as immediate satisfaction which may be attained even by those who cannot see

complex relationships. He discussed four types of art therapy, diagnostic, analytic, self-expressive and a combination which he believed to be the most effective in an institution for the retarded. The lower the mentality of the client, the more guidance and direction are needed for personality integration and to foster creativity through repetition in art for a secure and satisfied feeling. The self-expressive therapy is usually used in institutions but should be combined with more guidance of the analytical and diagnostic methods for more effectiveness in working with the severely handicapped.

Berchert (1967) believed it was important to understand the growth of the normal child in order to understand the needs and characteristics of the severely retarded and the value of arts and crafts for this population. Art may be used as a task-oriented constructive activity to replace other inappropriate behaviors such as aggression, hostility and destruction which are common to the severely handicapped, as well as to develop motor control, hand dominance, eye-hand coordination, awareness of self and expression of feelings. Selective behavior reinforcement may be used to teach what is acceptable behavior and what is not. Therapists and teachers need to understand and accept that all children are creative and have various levels of maturity as well as differ in the ways they learn.[5] Art work of the pre-school retardate should be judged on the

basis of new experiences and not on the finished product. Their development of concepts can be observed through their drawings as a valuable growth experience, exploration of the environment and testing of reality.

Cratty (1969) described various developmental stages of drawing and scribbling based on Kellogg. He suggested using arm-freeing exercises to develop eye-hand coordination; drawing on many planes such as a blackborad on the wall, a drafting board at an angle, a flat surface; and drawing kinesthetically in the air. Dot connecting and template tracing using hand-over-hand guidance, using the pencil through an apparatus with grooves, or drawing various shapes in clay and then tracing the shapes are necessary steps in the learning process. The final step is to do so without tracing or any help. Patterns can be visually presented for short periods of time before the child begins to draw to enhance visual memory, and finally only verbal directions may be given.

Davis (1969) discussed programming for the severely and profoundly retarded as being a well-organized structure which would allow for some form of basic evaluation in order to show minimal accomplishment. In a program for retarded adults with an average intelligence quotient of 35, arts and crafts activities were used which were pre-graded according to degree of eye-hand coordination and degree of attention needed in an effort to gear activities

to individual needs and abilities. Progress was noted in relation to task difficulty, although it was slight. Many of the 160 who remained in the study were absorbed in other programs after the study.

Freasier (1971) discussed teaching arts and crafts utilizing sequential task programming which is working from the simple to the complex in a logical sequence. A review of the literature on sequencing in art had been meager in the publications that were currently available. Teaching in a logical sequence seemed to make the curriculum more meaningful for the trainable who are "dependent upon developing logical sequences of instruction to compensate cognitive and perceptual deficiencies" (p. 101).

Freasier combined sequential teaching in print art with behavior modification techniques and classroom management techniques with a group of 7 trainable mentally retarded children. Gains were noted in post-testing in increased self-control, personality, group participation and social amenities, modes of communication, listening and language activities, awareness of topics of basic knowledge, vocational readiness and body usage. An added dividend was the creativity that developed which "provided the effective type of therapy described by Alkema in 1967 in which constructive thoughts and emotional feelings associated with the creative activity were observed to dominate" (p. 433).

Kirchner (1971, translation 1977) believed art was

beneficial to retarded children by the movement of the drawing lines and the creative effort of continual repetition to create harmony in everyday life. The lines become a graphic tracing of the children's movements of arms and hands. He asked children to draw controlled wavy lines so that they learned to control onrushing impulses. The wavy line helped them to center themselves by forming a half circle one way and a second half circle pushing against the first. From this they proceeded to other types of lines. This was to develop a feeling of form as they were not yet ready to copy the outer world. This helped protect the child from having to portray things realistically by helping them develop form in its own right. Gradually the children leave the geometric forms that have helped to harmonize and center them. Then the teacher must introduce them to "living dynamic forms." He believed that exercises in symmetry helped establish balance between the left and right sides of the body and discussed the benefits of this structured program on a feeble-minded child. The child was unable to form a sentence as he used single words only and was unable to distinguish a square. He progressed to being able to draw complicated forms, speak in sentences, and to read and write in a simple way after three years of the structured program.

Gitter (1973) discussed the Montessori approach and its applications to severely retarded children. Montessori

believed that the child learned by doing and therefore learned how to learn. The functions needed by the child are: motor functions where balance is secured, walking is learned and movements are coordinated; and sensory functions from the environment where the foundations of intelligence are laid for the continual exercise of observation, comparison and judgement. The senses are directed by the orderly procedures of recognition of identities and contrasts, and discrimination between objects similar to one another. Formative exercises are necessary before learning to draw and life itself is a preparation for learning to draw. She explored programmed art instruction and discipline, sensory training and manual activity in intellectual development (Montessori's greatest discovery), a prepared environment, encouragement of art activities and their application to the severely handicapped.

Rubin (1975) discussed the use of behavior modification programs with the retarded where tokens were paid to attend art classes which were the most popular reinforcer even though they cost more tokens. The use of structure for the retarded is necessary so they can portray in paint what they would not successfully be able to do if left on their own. The conditions for a successful art experience are the belief in the creative capacity of the child, trust of the child's growth tendency, and being able to expand the concept of art. This may be done by including formless sensory play with art

materials, clarifying goals of art, making creative adaptations, providing freedom within structure, tuning in to the child's frame of reference and being aware of responses as a teacher/therapist. In working with the severely handicapped, there is a need for more help from the adult in being understood and helped in articulating their creative abilities rather than being told what to do or how to do it. Art offers an exciting and stimulating way to explore the sensory world, to give order and control in a confusing environment, to fill time and improve manipulation. A desired activity may be performed mentally through art which would be impossible to do physically. Rubin's experiences with art for the handicapped offer support for structure while allowing creativity a chance to develop.

Musick (1976) believed the unfolding of artistic sensitivity was from simple to complex and that the child with retarded mental development would follow the same creative development as a normal child but at a slower rate. Few studies have been done to provide an understanding of the special child's creative and cognitive growth which may be greater because of being a function of the right hemisphere which may be more advanced than the left. Eight pre-school children in a special education program with multiple handicaps and retardation were baselined on creative ability according to Lowenfeld and Brittain's developmental criteria. This was then compared to chronological age and average

curriculum age. All except one were above their curriculum level in creative abilities. This offers support for the hypothesis that the child with retarded development may function most effectively through creative activities. College students then met with each student two times a week for 15 minutes for one semester. "The art period was divided between free, spontaneous art activity and a structured program designed to help the child develop toward the next step in Lowenfeld and Brittain's model" (p. 83). All but one advanced in their creative abilities. Results indicated that creative activities may help the multiply handicapped and retarded develop nearer to their expected levels of development. Student evaluation of the session indicated that the children learned and advanced their skills more during the structured sessions than the unstructured sessions.

Robbins and Sibley (1976) believed the benefits of art therapy for mentally retarded children and adults were to open up images, sensations and feelings to reduce stagnation. The teacher/therapist may have to start on a sensory level to introduce the clients to their inner life through all the arts modalities. In a case study of 5 severely retarded girls, operant conditioning was used which was not considered dehumanizing. Sensory and perceptual needs were worked with as well as integration and reinforcement of adaptive patterns and learning control to free the child's creative

potential.

Moran (1977) followed the developmental aspects of creativity as it developed in children through imitative and symbolic play. She compared Lowenfeld's developmental stages in art with Piaget's cognitive stages. She quoted Piaget as saying that "creative play through art expression is the vehicle for spanning the transition between a child's play and the intelligent constructive activity of work" (p. 15). The creative development of the severely handicapped must be developed through a variety of aesthetic and cultural activities providing stimulation and enrichment early and frequently in the child's development. The child progresses from imaginative play, to fantasy play, to creative play, although the handicapped child may not be as imaginative as the non-handicapped. Art should be used to permit free and spontaneous utilization of the child's creative abilities. Structuring of creative play may be through limiting the number and kinds of materials available or setting a time limit.

Ulman, Kramer, and Kwiatkowska (1977) stated that

> Some psychotic and very retarded children seem to benefit more easily from music and dance therapy than from art therapy. However, even though these children seem to be stuck at the presymbolic

> stage, the attention of an art therapist may prove useful. By offering materials that stimulate sensation and perception (finger-paint, sandpaper, sheets of transparent colored acetate to look through and so on) the art therapist may help retarded or autistic children to develop an awareness of their existence and power to act, leading them toward a sense of self and the establishment of a body image. Given crayons and paper, the very retarded start by making rhythmic movements just as normal children do, but unlike their normal counterparts, they must be very gradually induced to realize that the marks they make are the result of their own movements. Eventually they may learn to produce more organized configurations - usually circles - and these sometimes slowly take on symbolic meaning. (p. 12)

Wilson (1977) discussed the problems of the art

therapist in working with the retarded. These included the psychological development of the mentally retarded and their deviance due to physiological disabilities and limited abilities from intellectual impairment which included language development, symbol formation and communication. Another characteristic of the mentally retarded is their partial fixations in personality development which results in immature personality structure (repetitiousness, inflexibility, and passivity) which may indicate that the non-verbal approach of art therapy would be excellent for development because of the deficit in language skills.

According to Wilson, sensory stimulation and manipulation of materials should be used to reduce isolation from the outer world by expanding the sensory, perceptual and motor horizons. Early steps may require helping the client physically, with sequential steps being offered to move the child to higher levels. There are two different types of children which may be encountered: those with too much sensory stimulation who need a goal of attending to one material for longer periods of time; and those with not enough sensory stimulation who need a goal of learning to respond to stimuli. Case studies of the severely retarded were given to lend support for development of ego stages as they relate to development of the body image.

Hammer (1978) believed that for those who are educationally at risk efforts would

> concentrate on areas of high retention and concrete forms of experiencing. These are to be found in direct purposeful experiences, that is in real life projects that use all five senses and kinesthesia as the mode for learning. This would be the learning method most often used in the arts and in therapies using art formats. (p. 30)

Jeavons (1978) discussed the therapy of a severely subnormal spastic boy and the establishment of empathy through encouragement of the creative process. He used remedial art activities that were structured and able to be assessed. He suggested that therapy be divided into three types: communication approach where the artist is encouraged to externalize ideas through art; opportunity approach of an opportunity for art; structured mark approach for those considered so low they would not be expressive in any graphic way except by teaching them to make round marks and giving positive reinforcement after the appropriate response. When roundness can be done on command, they are helped to make smaller pieces or dots inside to produce facial stimulus. When this is well established, arms and legs may be

introduced.

Jungels (1978) believed in using group-centered art therapy for the multiply handicapped to provide an environment conducive to creative making, with the therapist organizing materials so that sessions were less verbal and less therapist-centered, with a final goal of doing away with art therapy. Group art therapy with this population is different from that with emotionally disturbed children, as physical or mental handicaps are the primary problem and emotional disturbance is secondary. The art therapist worked with 36 children to assist discovering personal identity, accepting handicaps and adapting to them through visual and tactile objects. Art activities were structured by exercises to stimulate the child's sensitivity and by an environment conducive to creative making.

Rubin (1978) described working with orthopedically and multiply handicapped children and the uses of art with many who were not originally considered appropriate for the program and the rewards they received. Behavior modification was used with brain-damaged hyperactive children who were constructive instead of destructive in the art room, and token rewards were traded for art activities more than any other rewards even though it cost more tokens. She discussed the literature on art for the handicapped where it was considered that they were not capable of creative activity because of the more common assumption that they

required highly organized step-by-step procedures. She concluded that perhaps the concept of art must be expanded to include sensory manipulation and motor-kinesthetic pleasures for those children who may never be able to achieve a higher development. Art will provide the opportunity to function more independently, to master tools and processes, to define the self, and for pleasure and joy.

Roth (1979) stated that

> Disturbed, retarded children who demonstrate during an art therapy diagnostic evaluation, a process of change in their interaction with art materials leading to higher functioning, increased involvement, greater elaboration, or better organization appear to benefit from art therapy treatment. Children who are at a "pre-art" level, or who are stimulated by art materials to regress or become overexcited, or overwhelmed, may not be appropriate candidates for art therapy treatment. (p. 55)

These children are responding on a sensory level to the secondary characteristics of art, such as touching or smelling, which Roth does not believe to be appropriately

considered art therapy experiences.

Kohn (Note 4) described art therapy as being designed to discover as much as possible about the client without traditional models of verbal therapy. A secondary goal was expression of feelings through the use of various media. Drawings are considered a non-verbal representation and may bring clients closer to the actual symbols than verbalizations. This is where art therapy with clients of average intelligence differs with art therapy with the mentally retarded. Art therapy with retardates involves several different types of students: those who are minimally functionally retarded and have emotional problems; those who are organically but only slightly retarded; and those who are seriously retarded either on an organic or functional basis. Each is a separate and different type of client and each profits best from a different variation of art therapy. Those severely retarded with organic damage need encouragement of positive behavior through praise and supportive techniques. Alternate ways of expressing negative feelings are introduced through art, with the therapist dealing with emotional problems at each client's own individual level. Severely functionally retarded clients usually involve autistic and schizophrenics who are withdrawn and tend to dislike verbal communication. These children with lower intelligence quotients and a greater degree of cerebral dysfunction also can profit from sublimation and supportive

techniques. Different combinations of art therapy make up each client's individual course in art therapy and this includes traditional interpretive techniques where appropriate.

Summary

Although there is some disagreement on the use and benefits of art therapy for the severely handicapped, experiments and case studies indicate that art therapy utilized as a structured, sequential task program helps compensate for cognitive and perceptual difficulties by demonstrating slight gains in social, cognitive and motor skills. Those benefits for higher functioning individuals may be extrapolated to the severely handicapped with some additions and modifications. Art therapy may be used as a task-oriented constructive activity to replace other inappropriate behaviors which are frequently found in the severely handicapped.

Sensory stimulation and manipulation of muscles may be even more important in a prepared or structured environment for this special population who may never be able to reach a higher development because of sensory deprivation from impairment of sensory avenues as well as intellectual deficits.

Formative exercises may also be indicated for clients in the pre-symbolic stage, to develop to their highest potential, and may include dance and music therapy. These may be combined with sensory stimulation through art materials to introduce more culturally acceptable methods

of sublimation of emotions as well as supportive techniques for the severely handicapped, depending on the degree and types of handicaps being worked with.[6]

Structure may take place through behavior modification and token economy programs and learning by doing, with more assistance from the therapist as tasks move from simple to complex.

It seems that art therapy for the severely handicapped should be a combination of the diagnostic, analytical, humanistic and behavioristic approaches, keeping in mind that mental and physical handicaps should be the primary goal of therapy, and emotional disturbances the secondary goal of art therapy. Diagnostic aspects would include perceiving physical, mental, emotional and creative growth and development as well as indications that may point to psychosis, organic brain damage and indications of emotional disturbance.

Chapter Summary

Studies on art for the handicapped seem to indicate that the developmental patterns of normal children are also followed by the handicapped. This special population may take longer to reach a particular stage and remain there longer although motor development may be improved due to being older chronologically.

The creative abilities of the handicapped differ from normal children in that the products are not as rich or complex; however, they need to be judged in their own right,

taking into consideration the individual's abilities.

It may be assumed that benefits of art for the handicapped are the same as those for a normal child and would include the areas of motor development, communication skills, cognitive abilities, affective expression, social skills and behavior.

The literature on art therapy for the handicapped stresses the importance of diagnostic abilities of the developmental differences between normal and handicapped as well as the therapeutic aspects of art for this special population.

The primary aspects of the handicap of mental, emotional or social nature need to be considered as well as the individual's relationship to the handicap itself.

Literature on art for the severely handicapped is minimal but indications are that it is best taught through a structured approach from simple to complex, utilizing a task analysis approach and behavioral objectives.

Art may be considered as another means of communication in those who have brain damage. It may be necessary to use pre-art materials as sensory stimulation and for manipulation of muscles because of sensory deprivation due to impairment of the sensory avenues and intellectual deficits. When used as a task-oriented constructive activity, it is suggested that art may be used to replace other inappropriate behaviors which are frequently found in the severely handicapped.

Chapter III

THERAPEUTIC APPROACHES OF ART FOR THE SEVERELY HANDICAPPED

Classifications of Art Therapy

The three types of art therapy approaches, as defined by Robbins and Sibley (1976), are humanistic, psychoanalytic and behavioral. Humanistic art therapy is concerned with the growth and development of the individual through art and is based on the work of Maslow, Rogers, Perls and others. Psychoanalytic art therapy is based on the principles of Freud, Jung, Adler and others and includes diagnosis of various problem areas including developmental lags, organic impairment and emotional problems. Art therapy that employs behavior modification principles may be utilized as a structure to motivate and change maladaptive behaviors so that clients may attend to learning behaviors.

Art may focus upon being therapeutic, educational or a leisure-time activity (Information & Research Utilization Center in Physical Education & Recreation for the Handicapped, 1977). As therapeutic and educational goals are met, the end goal of art may be as a recreational leisure activity where the severely handicapped are able to choose between different ways of spending their leisure time that

are individually designed and differentiated according to the time of the year (Thornley, 1976).

There are generally considered to be two main theories of mental retardation (Weise & Yeates, 1981): the "developmental" and the "difference" theories, and the similar structure hypothesis. The developmental position holds that the retarded and non-retarded pass through the same cognitive stages in identical order (similar structure hypothesis) as described by Piaget but at a slower rate and obtaining lower limits than the non-retarded. The difference position is that this differs in other ways besides developmental rate and ceiling. A review of the literature of studies seems to support the developmental position and the similar structure hypothesis where the organically impaired were excluded and the conventional difference position where they were included. Results are speculative because of low motivation, institutionalization and use of adults in most of the studies reviewed.

Art education and art therapy literature for the handicapped seems to follow the "developmental" theories of various art stages that the handicapped clients pass through to reach their highest potential in the same manner as normal children. However, art therapy and art education literature for the severely handicapped seems to indicate a "difference" theory where more structure is necessary for this special population than for normal children through the

use of behavior modification and other adaptive techniques. In this researcher's opinion, it may be practical in working with the severely handicapped to stress a functional approach which would support the "difference" as well as the "developmental" theories. As "development takes place within the medium itself, through a concrete exploration and amplification of its properties it may not be necessary to pass through the cognitive stages of Piaget" (Gardner, 1973, p. 45). Therefore, functional in this case would not only apply to the functional/developmental level, but of learning to function in society in the least restrictive environment whether that be a therapeutic, educational and/or leisure setting.

Functional Art Therapy

Functional Art Therapy is a relatively new approach pioneered by Ault (Note 2) and Minar (1978) as an art therapy approach to be applied to populations with special needs to remediate learning problems and developmental lags. This researcher has had many years of clinical experience working with the severely handicapped in a large state institution. Because of this direct involvement, the researcher presents Functional Art Therapy as another possible approach for the severely handicapped.

Some clients, because of degree and types of handicaps, may never reach the level of benefitting from art therapy and would best benefit from other types of therapy

such as music, sensory stimulation and/or dance/movement; others will indeed benefit from a structured art therapy program with the degree of structure indicated by the severity of the handicap(s). Functional Art Therapy will be discussed as it would apply to the severely handicapped who function at a sufficient level to demonstrate beneficial results through the utilization of pre-art and art experiences.

This researcher believes that Functional Art Therapy should include the humanistic principles of growth and development of individuals to their highest potential as well as psychoanalytic principles. These should be applied tc the diagnosis of developmental lags, organic brain syndromes, emotional disturbances and psychoses. Diagnosis is best accomplished through the observation and analysis of art behaviors, art products and the client's communication. Treatment plans are then formulated as part of a total therapy plan (Singer, 1980). After diagnosis has been established, behavior modification principles become important in developing a program that meets the individual needs of the client.

In the development of a Functional Art Therapy approach, structure becomes very important and is mentioned repeatedly in programs for the severely handicapped. Structuring may be accomplished by various means including sequencing from simple to complex and by task analysis or task difficulty where tasks are broken down into simple steps in conjunction

with behavior modification techniques. Activities may also be structured through limiting the number and kinds of materials available, by setting a time limit, and by utilizing a distraction free room.

It may be desirable to differentiate the types of structured or unstructured therapy according to a classification developed by Leland and Smith (1965) for play therapy. The four classifications are: U-U (unstructured materials with unstructured therapeutic approach); U-S (unstructured materials with structured therapeutic approach); S-U (structure materials with unstructured therapeutic approach); and S-S (structured materials with structured therapeutic approach).

Various combinations of structure will be more effective with certain clients. It may also be necessary to progress from a structured to an unstructured program. Li (1981) in her discussion on play therapy stated that

> The desirability of structured versus unstructured approaches depends very much on the nature of the child's emotional problems and the level of mental retardation....The combined use of one after the other, when appropriate is considered a more productive approach. (p. 124)

According to Reynolds and Birch (1977) the degree of structure is varied so that those requiring high structure

receive it and those that can achieve from creating their own structure receive less structure.

A functional curriculum (Simonson, 1979) is structured by selecting a curriculum that is most appropriate for the client's level of functioning and by the teaching of useful, practical and academic skills through observation and evaluation. She lists the basic principles of a functional curriculum as originally described by Bugelski (1964) as:

> (1) Practice and repetition improve retention; overlearning and relearning material are both efficient and effective (Thorndike)....(2) Learning is continuous and cumulative (Hull).... (3) When the learner is preoccupied with something else, the learning process is impeded (Hull)....The learner must be ready and "available" to learn (Thorndike)....(4) Teaching new behaviors, or modifying, shaping, or eliminating existing behaviors, is most effective when desired and undesired behaviors or responses are first identified (Skinner)....(5) A task is simplified for the learner and the teacher if it is broken down into its finest units for specific

> instruction (Guthrie)....The learner's chances for success are increased when he is taught a higher level operation after he has demonstrated that he can perform the background (prerequisite) operations (Hebb, Piaget)....(6) The task of learning is made easier and more pleasant if the teacher arranges for the learner to be successful at the activity to be learned. It is inefficient teaching to let the learner leave the situation with an incorrect response (Guthrie). (pp. 12-13)

Instructional sequence is "a written record of procedures to be used in a series of controlled teaching situations designed to assist the learner in attaining a specific instructional objective" (McCormack, 1976, p. 318). Vogelsberg and Wilcox (1977) believed task analysis to be the most important tool in breaking down instructional sequences into teachable components directed towards independent functioning. They also suggested that skills should be taught in several settings so that learning is generalized.

Determining how a task should be broken down into its smallest step may be accomplished by observing and recording

the sequential activities of a person performing the task. Ultimately, however, it is the therapist who must determine "what activities presented in what order will most assist the learner in acquiring the skill" (McCormack, 1976, p. 319).

Utilizing task analysis, the therapist may sequence skills that are appropriate for each individual client which are directed towards independent functioning and are a part of a cumulative sequence of instruction. However, the skills being taught must have a functional value for the client (Vogelsberg & Wilcox, 1977).

Behavior modification procedures have been criticized as being inhumane by many authors; however, Roos (1976) discussed the implications of conditioning procedures, normalization and the reconcilement of these two approaches. There is "general agreement that the retarded should be treated in a humane manner, with dignity and respect" (p. 102). While homelike surroundings are stressed for the retarded, advocates of the conditioning approach are distressed that this setting may not be the most effective environment to "normalize" the profoundly retarded. These settings as well as mass housing are "not designed to optimize the level of functioning" of the profoundly retarded. In fact, if given a choice, the profound may reject this normal environment and prefer a non-normal one. The basic purposes of the conditioning approach is to "increase the opportunity for the staff to meaningfully interact with the

retarded by relieving personnel of as much routine custodial activities...as possible...to maximize the retardate's control over his environment and to reduce his helplessness" (p. 104). However, it should also be kept in mind that "no one intervention including behavior modification can influence all aspects of a learner's performance" (Sabatino, Miller & Schmidt, 1981, p. 134).

According to Gunn (1978), behavioral objectives consist of three parts: "the desired behavior, the conditions under which the desired outcome behavior will occur and the criteria or standards for judging the behavior" (p. 128). This type of structure is necessary for assessment purposes to meet the regulations of PL 94-142 and the Individualized Education/Treatment Programs (IE/TP) which are specially designed instructions which must be linked to assessment, systematic evaluation and professional accountability (Turnbull, Strickland & Brantley, 1978).

Functional Art Therapy for the severely handicapped would therefore pertain to diagnosis and analysis of functional/developmental lags (cognitive, physical, affective, behavioral and social), to programming for growth and development of the individual to his/her highest potential and utilizing behavioral techniques which are adapted from the various approaches of art therapy. It would be concerned with the structuring of art and pre-art sensory materials in a distraction-free environment with

clients having one or more of mental, physical and emotional disorders of a severe nature so as to make learning extremely difficult.

Art may be tailored to individual handicaps and situations and may be used to teach functional skills, utilizing behavior modification techniques and behavioral objectives. Daily living skills and pre-vocational skills could be reinforced through cooperative programming and parallel behavioral objectives with other program disciplines such as psychology, physical and occupational therapy, speech therapy, special education and activity therapy. This would structure programs so that learning and therapy would be more meaningful for each individual.

Chapter IV

CONSIDERATIONS FOR APPLICATIONS OF FUNCTIONAL ART THERAPY FOR THE SEVERELY HANDICAPPED

Settings for Functional Art Therapy

The various types of placement settings that the severely handicapped are residing at include institutional, residential, shelter-care and nursing facilities.

In accordance with PL 94-142, instruction (or therapy) must take place in the least restrictive environment, but the

> removal of handicapped children from the regular educational environment should occur only when the nature or severity of the handicaps is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (PL 42-142, Sec. 612)

With the return of many individuals to group and foster homes in the community, schools will be required to service many seriously handicapped clients who were formerly in residential institutions as well as those who continue to remain there.

It has been suggested by Packard (1976) that art therapy may replace art education in the educational programs of exceptional children which are now being serviced by individuals with a variety of educational backgrounds and job titles. In the school situation Kramer (1980) describes art therapy as having a much lower rate of finished work than art education. Extremely handicapped or disturbed children may be inaccessible to conventional education methods. "Established ways of stimulating the focusing perception and of teaching techniques or of making children aware of the formal elements of art must be subordinated to therapeutic goals, must at times be modified or perhaps entirely set aside" (p. 16).

The educational needs of the severely handicapped may be adequately met through the use of individual diagnostic and prescriptive methods of Functional Art Therapy. In the school situation it would seem feasible when there is an art educator to also have an art therapist who would prepare the severely handicapped to function in the least restrictive environment which may be a special education classroom in a regular school.[7] It may be possible for these special clients to be placed in a "graduated transitional program" (Thornley, 1976) terminating in semi-independent community living.

Of the art therapies possible, Functional Art Therapy as defined in this paper, seems to this researcher to be

the most appropriate for the severely handicapped. This therapy might occur individually, in small groups, with the family of the client, as part of a multi-modality program with other expressive therapies or in conjunction with other learning programs. However, the utilization of creative arts therapy is not simply adjunctive but real therapy in its own right (Zwerling, 1979).

The art therapist would need to be involved in the Individual Education/Treatment Program (IE/TP) as a professional. The individualized programs--subjective/objective assessment of clients, behavioral objectives and goals, training strategies and procedures, writing of progress notes and evaluation of programs--may be very similar in a school or institutional setting.[8]

Specific duties of the art therapist in a public or private school or an institution would include acting as a consultant/resource person for staff in curriculum and program development and in inservice training (Allrutz, 1974) as well as participation in experimental research and case studies. The art therapist would continue to establish and reinforce the need for art with special populations and utilize art for diagnosis of the developmental/functional level of clients as well as psychosis, organic brain damage and emotional disturbances for proper planning of programs in coordination with other professional staff.

Personnel Preparation

Packard (1976) suggested that art therapists and art

educators should establish undergraduate and graduate programs specializing in exceptional children and provide service programming for those now working with them. Goldberg (1971) stated that the course of study for teachers and therapists should be to understand the intellectual, social and physical (perceptual-motor) characteristics of the population they will be serving. "Only when we are clear about what we want to accomplish, can we then proceed to teach in some systematic and organized way, gauge success, and plan improvements" (p. 151). Future training of the teacher and therapist should include the ability to analyze lessons carefully and to state what the student shall do, the tools and materials involved, assessment of lessons into fragments (task analysis), statement of objectives, modifying materials to meet client's needs (Iowa State Department of Public Instruction, 1970) as well as to meet requirements of the IE/TP.

Functional Art Therapy is a new approach that holds a great deal of promise when working with the severely handicapped, as indicated in this study. It seems vital to personnel preparation that Functional Art Therapy be included as part of the curriculum for present and future art therapists and art educators in special education who will be working with the severely handicapped. Art therapists who are or will be working with the severely handicapped will need to become familiar with experimental

research and case studies in other areas such as art education, special education and psychology to further develop their skills. As new research becomes available it will affect the training of present and future art therapists as it is incorporated into their college curriculum.

Information pertientn to art therapists in utilizing Functional Art Therapy may be shared through workshops and presentations stressing the approaches that are useful in reaching the severely handicapped through art.

Recommendations

In April, 1977, the Bureau of Education for the Handicapped (BEH), Division of Innovation and Development, and the National Committee, Arts for the Handicapped (NCAH) held a joint conference to define the national direction of art and the handicapped. Wendy Perks, as Executive Director of NCAH stated that this was "the first national effort to assess, evaluate and project research and demonstration needs in the area of arts for the handicapped" (Bureau of Education for the Handicapped, Division of Innovation and Development & National Committee, Arts for the Handicapped, 1978, p. 11). Key questions of future directions for research developed at the conference included: What are the crucial and necessary differences between art programs for the handicapped and non-handicapped? Are the proper methods being investigated in teaching the arts to handicapped people? What are the effects of these

methodologies on the handicapped?

One might also add to the questions of future directions: Are different methodologies more effective for different types and degrees of handicaps, and what are the crucial and necessary differences between the teaching methods employed in these different handicapping conditions, such as modeling versus verbal instruction of behavior. Altman and Meyen (1976) designated unique modes of approach for the severely handicapped and suggested research in the areas of curriculum development, instructional programming, personnel preparation and facilities design.

Further research needs to be carried out to refine diagnostic skills as well as to foster and measure beginning behaviors and the development of creativity in the severely handicapped (Altman & Meyen, 1976). Sensitive and reliable evaluation techniques must be developed to measure and demonstrate the benefits of art therapy (Packard, 1976) for specific types of retardation and handicapping conditions as well as which types of teaching and therapeutic methods are most useful with this special population. Experiments could be carried out utilizing art therapy as positive reinforcement, to reduce or alleviate stereotypic and/or self-destructive behaviors and to reduce sensory deprivation and its effects on development.

Lovano-Kerr and Savage (1976) suggested from the results of a special education teacher survey that there is a lack

of art curriculum for exceptional children and that this curriculum needs to be very specific to the needs of the client in order to be useful. Research could be undertaken to learn more about the effectiveness of various individualized art education programs, developmentally programmed sequences of instruction, and feedback systems to chart progress across time (Lavis, 1975), and to learn which types of behavior modification techniques work best with different types and degrees of retardation.

Evaluation of programs and procedures "systematically conducted leads to information related to program improvement...to judging the effectiveness of programs" (Gunn & Peterson, 1978, pp. 247-248). However, Martinez (1977) stated that

> evaluation must become not an ancedotal or interpretive narrative but rather the description of actual behaviors and skills observable and measurable. Thus, we are faced with identifying the parts of complex art-directed behavior that are crucial to healthy development. (p. 56)

Conclusions

Although literature on art and art therapy for the

severely handicapped is minimal, indications are that Functional Art Therapy is an important approach in working with this very special population. The methodology for Functional Art Therapy is based on diagnosis of the developmental/functional level as well as organic brain damage, psychosis and emotional disturbances. Art may be used therapeutically in a structured approach to compensate for physical, emotional and/or mental handicaps of a severe nature through the utilization of task analysis and other behavior modification procedures so that the client may develop to his/her highest potential according to his/her specific needs as an individual. This may be accomplished through cooperative programming and parallel behavioral objectives with other program disciplines so that daily living skills and pre-vocational skills would be reinforced and generalized to other areas of living.

Further research is indicated through case studies and pre- and post-test situations as to the kinds of structuring necessary for various types of handicaps and degrees of retardation, utilizing evaluation procedures to distinguish between subtle developmental steps of a related task.

This will have implications as part of the curriculum for the professional training of present and future art therapists and educators working with the severely handicapped in educational and clinical settings such as

institutions, residential facilities and special schools. It will also have an impact on current policies and regulations necessary in an educational or clinical setting.

ENDNOTES

[1]This continuum might also be extended from psychotherapy to include behavior modification approaches for those individuals with more severe handicaps.

[2]This is two years below the mental age recommended by Gaitskell and Gaitskell (1953) of clients who would benefit from art.

[3]Drawings, as indications of a child's disability, are usually expressed in general terms, although a deaf child may leave off ears and a non-ambulatory child may leave off legs or draw small figures with tiny or absent hands and feet.

[4]This could be because these activities were an improper selection for mildly retarded clients. Depending upon the degree of retardation, structured guidance in art activities appears to be very necessary.

[5]One must distinguish between those individuals who are profoundly handicapped who may never develop any creative abilities in the strictest sense, where emphasis is on divergent problem solving and other forms of productive thinking as opposed to reproductive thinking (Reynolds & Birch, 1977), and those who are severely handicapped and may develop creative abilities to their highest potential. Arieti's (1976) definition of creative behavior includes desirable enlargement of human experience by uncovering new dimensions to enrich and expand the individual. He also distinguished between

ordinary creativity versus great creativity. Perhaps there is also a category below average, although the limits of this category may not be discernable at this time.

[6]It should be noted that some profoundly handicapped individuals may show very little potential for art therapy because of severe multiple handicaps.

[7]A recent research review indicated that the three basic assumptions of increasing social interaction and social acceptance between handicapped and non-handicapped--through mainstreaming and modeling of behaviors by the handicapped--are faulty assumptions and that social skills need to be taught for effective social interaction and peer acceptance before being mainstreamed (Gresham, 1982).

[8]For further information, see Appendices for sequential materials and programs developed by the researcher. Other sources of information include Arena, 1978; Gunn and Peterson, 1978; Schenk, 1980; and Turnbull, Strickland and Brantley, 1978.

Reference Notes

1. American Art Therapy Association, Art therapy. Baltimore. American Art Therapy Association, ND.

2. Ault, R. Models of art therapy as utilized in a hospital setting. Unpublished paper presented at the Menninger Foundation, Topeka, KS, 1978.

3. Rubin, J. Art for the handicapped. Washington, D.C.: National Committee, Arts for the Handicapped, ND.

4. Kohn, D. Art therapy with the mentally retarded. Langhorne, PA: Woods Schools Information Services, ND.

Reference List

Alkema, C. Implications of art for the handicapped child. Exceptional Children, 1967, 33(6), 433-434.

Allrutz, C. A rationale for teacher education. Art Education, 1974, 27(8), 26-29.

Allrutz, C. Arts for the handicapped: Awareness-accessibility-action. Delta Kappa Gamma Bulletin, 1978, 44(3), 18-46.

Alschuler, R., & Haltwick, L. Painting and personality (Rev. Unabr. ed.). Chicago: University of Chicago Press, 1969.

Altman, R., & Meyen, E. Research needs with severely/profoundly retarded: An interactive model. Education and Training of the Mentally Retarded, 1976, 11(2), 147-150.

Anderson, F. Art for all the children. Springfield, IL: Charles C. Thomas, 1978.

Arena, J. How to write an I.E.P. Novato, CA: Academic Therapy Publications, 1978.

Arieti, S. Creativity: The magic synthesis. New York: Basic Books, Inc., Publishers, 1976.

Art Educators of New Jersey. Insights: Arts in special education, educating the handicapped through art (2nd ed.). Millburn, NJ: Art Educators of New Jersey, 1976.

Barlow, G. Creative education and the special student. School Arts, 1964, 63(5), 30-33.

Bender, L. A visual motor gestalt test and its clinical use. New York: American Orthopsychiatric Association, 1938.

Berchert, R. The preschool retardate: Growth and development through arts and crafts. In R. Scheerengerger (Ed.), Training the severely and profoundly mentally retarded. Springfield, IL: Department of Mental Health, 1967.

Berdine, W., & Cegelka, P. Teaching the trainable retarded. Columbus, OH: Charles E. Merrill Publishing Company, 1980.

Bureau of Education for the Handicapped, Division of Innovation and Development and National Committee, Arts for the Handicapped. The arts and handicapped people: Defining the national direction. Washington, D.C.: National Committee, Arts for the Handicapped, 1978.

California State Department of Education. A course of study for the trainable mentally retarded: A guide to curriculum development in elementary and secondary schools. Sacramento: Division of Special Education, 1967.

Chapman, G. Learning in a friendly environment: Art as an instructor. 55th Annual International Convention. Council for Exceptional Children, 1977. (ERIC Document Reproduction Service No. ED139208)

Cratty, B., & Martin, M. (Sister) Perceptual-Motor efficiency in children. Philadelphia: Lea & Febiger, 1969.

Crawford, J. Art for the mentally retarded: Directed or creative? In E. Ulman & P. Dachinger (Eds.), Art therapy in theory & practice. New York: Schocken Books, 1975.

Davis, W. An approach to programming for severely and profoundly retarded adults. The Training School Bulletin, 1969, 66, 100-104.

Descoerdres, A. The education of mentally defective children. (E. Row, trans.). Boston: DC Heath & Co., 1928.

DiLeo, J. Young children & their drawings. New York: Brunner/Mazel, Inc., 1970.

DiLeo, J. Children's drawings as diagnostic aids. New York: Brunner/Mazel, Inc., 1973.

Duncan, J. The education of the ordinary child. New York: Ronald Press Co., 1943.

Eisner, E. Educating artistic vision. New York: Macmillan Publishing Company, Inc., 1972.

Feldman, E. Art in the mainstream: A statement of value and commitment. Art Education, 1982, 35(5), 6.

Freasier, A. Print art: Sequential task programming for the trainable mentally retarded. Education and Training of the Mentally Retarded, 1971, 6(3), 98-107.

Gaitskell, C., & Gaitskell, M. Art education for slow learners. Peoria, IL: Charles A. Bennett Co., Inc., 1953.

Gardner, H. The arts and human development. New York: John Wiley & Sons, 1973.

Gitter, L. The Montessori approach to art education. Seattle, WA: Bernie Straub Publishing Co., Inc., and Special Child Publications, 1973.

Gold, M. Preworkshop skills for the trainable: A sequential technique. Education and Training of the Mentally Retarded, 1968, 3(1), 31-37.

Goldberg, J. Towards a systematic approach to educational planning for the TMR. Education & Training of the Mentally Retarded, 1971, 6(4), 148-156.

Gonick-Barris, S. Art for children with minimal brain dysfunction. American Journal of Art Therapy, 1976, 15(3), 67-73.

Goodenough, F. Measurement of intelligence by drawing. Yonkers-on-Hudson, NY: World Book Co., 1926.

Greenberg, P. Art education: Elementary. Washington, D.C.: National Art Education Association, 1972.

Gresham, F. Misguided mainstreaming: The case for social skills training with handicapped children. Exceptional Children, 1982, 48(5), 422-433.

Groff, L. Recreational arts and crafts for the mentally retarded. Therapeutic Recreation Journal, 1969, 3(3), 29-32.

Grossman, H. (Ed.) Manual on terminology and classification in mental retardation. Washington, D.C.: American Association on Mental Deficiency, 1977 revision.

Gunn, S., & Peterson, C. Therapeutic recreation program design principles and procedures. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1978.

Hammer, E. Interdisciplinary approaches to therapy and education for the developmentally disabled and the psychiatrically handicapped. Art Psychotherapy, 1978, 5(1), 25-30.

Harris, D. Drawings as measures of intellectual maturity. New York: Harcourt Brace Jovanovich, Inc., 1963.

Healy, E. Aesthetic growth: Arts and crafts. In J. Molloy (Ed.), Trainable children curriculum and procedures. New York: John Day Company, 1963, 1972.

Information & Research Utilization Center in Physical Education & Recreation for the Handicapped. Materials on creative arts. Washington, D.C.: American Alliance for Health, Physical Education & Recreation, 1977.

Iowa State Department of Public Instruction. Instructional objectives: Developing teaching strategies for the mentally retarded. Des Moines, IA: University of Iowa City Special Education Curriculum Development Center, 1970.

Jeavons, T. Art therapy: Multiple handicaps and art structure. Physiotherapy (London), 1978, 64(3), 74-76.

Jones, P. Areas of instruction for trainable mentally handicapped children. Champaign, IL: Champaign Unit 4 School District, 1967.

Jungels, G. Group art therapy in a making centered environment for the multi-handicapped child. The New York State Art Teachers Association Bulletin, 1978, 28(3), 28-32.

Kaslow, F. Movement, music, and art therapy techniques adapted for special education. In R. Hyatt & N. Roinick (Eds.), Teaching the mentally handicapped child. New York: Behavioral Publications, Inc., 1974.

Kilpatrick, W. The Montessori system examined. Boston: Houghton Mifflin Co., 1914.

Kirchner, H. Dynamic drawing. (M. Frolich, Trans.). New York: Rudolf Steiner School, 1977.

Kirk, S., & Johnson, G. Educating the retarded child. Boston: Houghton Mifflin Co., 1951.

Kleinke, P. Beneficial teaching techniques for the trainable retarded. Education and Training of the Mental Retardation, 1968, 3(2), 94-96.

Kramer, E. Art therapy and art education: Overlapping functions. Art Education, 1980, 33(4), 16-17.

Kukuk, J., & Sjolunk, J. Arts for the handicapped: A national direction. National Elementary Principle, 1976, 55(3), 86-88.

Kukuk, J. Arts education for the handicapped. In The arts and the handicapped: Defining the national direction. Proceedings from a conference, April 28, 29, 1977. Coordinated by Bureau of Education for the Handicapped and National Committee, Arts for the Handicapped. Washington, D.C.: National Committee, Arts for the Handicapped, 1978.

Kunkle-Miller, C. Art therapy with mentally retarded adults. Art Psychotherapy, 1978, 5(3), 123-133.

Kunkle-Miller, C. Handicapping conditions and their effect on the child's ability to create. In L. Kearns, M. Ditson & B. Roehner (Eds.), Readings: Developing arts programs for handicapped students. Harrisburg, PA: Arts in Special Education Project of Pennsylvania, 1981.

Larsen, L., & Bricker, W. A manual for parents and teachers of severely and moderately retarded children. Nashville, TN: Institute on Mental Retardation and Intellectual Development, George Peabody College, 1968.

Lavis, L. Training teachers for education of the severely handicapped. Education and Training of the Mentally Retarded, 1975, 10(3), 201-203.

Leland, H., & Smith, D. Play therapy with mentally subnormal children. New York: Grune & Stratton, 1965.

Levick, M. News & Notes. The Arts in Psychotherapy, 1980, 7(4), 295-298.

Li, A. Play of the mentally retarded child. Mental Retardation, 1981, 19(3), 121-126.

Lindsay, Z. Art is for all: Arts and crafts for less able children. New York: Taplinger Publishing Company, 1968.

Lindsay, Z. Art and the handicapped child. New York: Von Nostrand Reinhold, 1972.

Lovano-Kerr, J., & Savage, S. Incremental art curriculum model for the mentally retarded. Exceptional Children, 1972, 39(3), 193-199.

Lovano-Kerr, J., & Savage, S. Survey of art programs and art experiences for the mentally retarded in Indiana. Education and Training of the Mentally Retarded, 1976, 11(3), 200-211.

Lowenfeld, V. Creative and mental growth (3rd Ed.). New York: Macmillan Co., 1957.

Machover, K. Personality projection in the human figure. Springfield, IL: Charles C. Thomas, 1949.

Mallison, R. Education as therapy: Suggestions for working with neurologically impaired children. Seattle, WA: Special Child Publications, 1968.

Martinez, K. Changes in art therapy caused by federal regulations in residential facilities for mental retardation. In R. Shoemaker & S. Gonick-Barris (Eds.), Creativity and the art therapist's identity. Baltimore: American Art Therapy Association, 1977.

May, D. Integration of art education into special education programs. Art Education, 1976, 29(4), 16-20.

Maynard, M. The value of creative arts for the developmentally disabled child: Implications for recreation specialist in community day service programs. Therapeutic Recreation Journal, 1976, 10(1), 10-13.

McCormack, J. A task analysis format to develop instructional sequences. Education and Training of the Mentally Retarded, 1976, 11(4), 318-323.

McDermott, W. Art therapy for the severely handicapped. American Journal of Mental Deficiency, 1954, 59(2), 231-234.

Minar, V. School art therapist rationale for DPI certification. The New York State Art Teachers Association Bulletin, 1978, 28(3), 8-9.

Montessori, M. Montessori Method (A. George, Trans.). New York: Fredrick A. Stokes Co., 1912.

Morishima, A. The artistic talents of atypical retarded. In E. Katz & F. Ludins-Katz (Eds.), Research Proceedings: The First National Conference on Creative Art of the Developmentally Disabled, 1977. (ERIC Document Reproduction Service No. ED 144316)

Moran, J. Mainstreaming severely and profoundly handicapped children in creative arts. In C. Sherrill (Ed.), Creative arts for the severely handicapped. Fort Worth, TX: Perko Printing Co., 1977.

Musick, P. Special child-special growth: Developmental art therapy. Art Psychotherapy, 1976, 3(2), 135-144.

Musick, P. Interdisciplinary study of creativity and behavior: Special child development. Presented to American Psychological Association, San Francisco, August 26, 1977. (ERIC Document Reproduction Service No. ED 146750)

Musick, P. Special child-special growth: Developmental creativity. In B. Mandel, R. Shoemaker & R. Hayes (Eds.), The dynamics of creativity. Baltimore: American Art Therapy Association, 1978.

Nesbitt, J. Special community education for the handicapped: A proposed model to meet the total life and leisure needs of the handicapped child and adult. In E. Fairchild & L. Neal (Eds.), Commonunity in the community: A forward looking program of recreation and leisure services for the handicapped. Eugene, OR: University of Oregon, Center of Leisure Studies, 1975.

Newby, M. Meeting special needs. In B. McKay (Ed.), Directions 1980: Mainstream. Park Ridge, IL: Illinois Art Education Association, 1980.

Nirje, B. The normalization principle and its human management implications. In R. Kugel & W. Wolfensberger (Eds.), Changing patterns in residential services for the mentally retarded. Washington, D.C.: President's Committee on Mental Retardation, 1969.

Packard, S. Art for the exceptional child: Rapidly expanding job opportunities. Art Psychotherapy, 1976, 3(2), 81-85.

Packard, S. The history of art therapy education. Art Education, 1980, 33(4), 10-13.

Perks, W. Statement of purpose. In The arts and the handicapped: Defining the national direction. Proceedings from a conference, April 28, 29, 1977. Coordinated by Bureau of Education for the Handicapped and National Committee, Arts for the Handicapped. Washington, D.C.: National Committee, Arts for the Handicapped, 1978.

Public Law 94-142, 1975.

Rainey, E. Art for young children. 1974. (ERIC Document Reporduction Service No. ED 126660)

Reynolds, M., & Birch, J. Teaching exceptional children in all American Schools. Reston, VA: Council for Exceptional Children, 1977.

Robbins, A. Expressive therapy: A creative arts approach to depth oriented treatment. New York: Human Sciences press, 1980.

Robbins, A., & Sibley, L. Creative art therapy. New York: Brunner/Mazel, Inc., 1976.

Roos, P. Normalization, dehumanization and conditioning--conflict or harmony? In R. Anderson & J. Greer (Eds.), Educating the severely and profoundly retarded, Baltimore: University Park Press, 1976.

Roth, E. Choosing an appropriate candidate for art therapy among emotionally disturbed-mentally retarded children. In L. Grantt, G. Forrest, D. Silverman, & R. Shoemaker (Eds.), Art therapy: Expanding horizons. Baltimore: American Art Therapy Association, 1979.

Rubin, J. Art is for all human beings--especially the handicapped. Art Education, 1975, 28(8), 5-10.

Rubin, J. Child art therapy. New York: Van Nostrand Reinhold Co., 1978.

Rubin, J. Research in art with the handicapped: Problems and promises. Studies in Art Education. 1981, 23(1), 7-13.

Sabatino, D., Miller, P., & Schmidt, C. Can intelligence be altered through cognitive training? Journal of Special Education, 1981, 15(2), 125-144.

Schaeffer-Simmern, H. The unfolding of artistic activity. Berkeley: University of California Press, 1961.

Scheerenberger, R. A model for de-institutionalization. Mental Retardation, 1974, 12(1), 3-7.

Schenck, S. The diagnostic/instructional link in individualized education programs. Journal of Special Education, 1980, 14(3), 337-345.

Schwartz, F. Structure and potential in art education. Waltham, MA: Ginn-Blaisdell, 1970.

Sherrill, C., & Cox, R. Personnel preparation in creative arts for the handicapped: Implications for improving

the quality of life. In C. Sherrill (Ed.), Creative arts for the severely handicapped. Fort Worth, TX: Perko Printing Co., 1977.

Silver, R. The transfer of cognitive and attitude of deaf and aphasic children through art. Springfield, IL: Instructional Materials Center, 1972.

Silver, R. Using art to evaluate and develop cognitive skills: Children with communication disorders and children with learning disabilities. Paper presented at American Art Therapy Association (6th) Louisville, Kentucky, November 13, 1975. (ERIC Document Reproduction Service No. ED 116401)

Simonson, L. A curriculum model for individuals with severe learning and behavior disorders. Baltimore: University Park Press, 1979.

Singer, F. Structuring child behavior through visual art. Springfield, IL: Charles C. Thomas, 1980.

Smith, J., & Arkans, J. Now more than ever: A case for the special class. Exceptional Children, 1974, 40(7), 497-502.

Sontag, E., Burke, P., & York, R. Considerations for serving the severely handicapped in the public schools. Education and Training of the Mentally Retarded, 1973, 8(2), 20-26.

Stainback, S., Stainback, W., & Maurer, S. Training teachers for the severely and profoundly handicapped: A new frontier. Exceptional Children, 1976, 42(4), 203-210.

Summers, J. The definition of developmental disabilities: A concept in transition. Mental Retardation, 1981, 19(6), 259-265.

Thornley, M. A national trend: The impact of educating and training formerly institutionalized children and adults in the community. Education and Training of the Mentally Retarded, 1976, 11(2), 152-155.

Thrapp, R. Improvement of cognitive functioning in the trainable mentally retarded through visual motor tutoring. Child Study Journal, 1975, 5(4), 211-220.

Turnbull, A., Strickland, B., & Brantley, J. Developing and implementing individualized education programs. Columbus, OH: Charles E. Merrill Publishing Company, 1978.

Turnbull, H., & Turnbull, A. Free and appropriate education: Law and implications. Boston: Allyn & Bacon, 1979.

Uhlin, D. Art for exceptional children. Dubuque, IA: William C. Brown Company Publishers, 1972, 1979.

Ulman, E., Kramer, E., & Kwiatkowski, H. Art therapy in the United States. Draftsbury Common, UT: Art Therapy Publications, 1977.

Van Dyke, R. Public Law 94-142, the education for all handicapped children act. In The severely and profoundly retarded child. Proceedings from the 1977 Statewide Institute for Educators of the Severely and Profoundly Handicapped. Springfield, IL: State

Board of Education, Illinois Office of Education.

Van Osdol, B. Art education for the mentally retarded. Mental Retardation, 1972, 10(5), 51-53.

Vogelsberg, R., & Wilcox, B. Instructional programming for the severely handicapped: Components and criteria for materials education. In The severely and profoundly retarded child. Proceedings from the 1977 Statewide Institute for Educators of the Severely and Profoundly Handicapped. Springfield, IL: State Board of Education, Illinois Office of Education.

Weisz, J., & Yeates, K. Cognitive development in retarded and nonretarded persons: Piagetian tests of the similar structure hypothesis. Psychological Bulletin, 1981, 90(1), 153-178.

Wilson, L. Theory and practice of art therapy with the mentally retarded. American Journal of Art Therapy, 1977, 15(3), 87-97.

Winkelstein, E., Shapiro, B., & Shapiro, P. Art curriculum and mentally retarded preschoolers. Mental Retardation. 1973, 11(3), 6-9.

Wolfensberger, W. The principles of normalization in human services. Toronto: National Institute on Mental Retardation, 1972.

Zwerling, J. The creative arts therapies as "real therapies." Hospital and Community Psychiatry, 1979, 30(12), 841-844.

APPENDIX A

DRAWING

CLIENT:_____
AREA:_____

STEP	DATE								
DRAWING:									
1) Grasps drawing tool properly.									
2) Scribbles freely with uninterrupted lines.									
3) Interested in kinesthetic movement of arm & not marks on paper.									
4) Makes vertical strokes.									
5) Develops motions visually.									
6) Shows control through circular motions.									
7) Distributes marks over whole sheet in a pattern.									
8) Intensity and direction change.									
9) Stays on 8½ by 12" paper.									
10) Draws a circle.									
11) Names scribbles (symbols).									
12) Draws circle & marks inside.									
13) Draws letter like forms &/or letters.									
14) Draws person with head and facial features.									
15) Includes legs.									
16) Includes arms.									
17) Includes body.									
18) Includes hair or hat.									
19) Includes fingers or hands.									
20) Includes feet.									
21) Includes ears.									
22) Draws a square.									
23) Uses colors as an emotional expression.									
24) Draws pictures with a variety of subject matter (3).									
25) Draws a triangle.									
26) Fills in some areas (drawings only).									
27) Prints name or words.									
28) Draws definite concept (of person) & repeats same schema.									
29) Expresses variation by exaggeration of important parts.									
30) Neglect or omission of unimportant parts.									
31) Varies symbols (of person) as needed.									
32) Draws appendages in 2-D.									

STEP	DATE									
DRAWING con.:										
33)	Shows space concept of baseline (but may deviate for expressive purposes).									
34)	Shows skyline.									
35)	Deviates from baseline to show fold-overs, x-ray pictures, space-time representations.									
36)	Relates art work to definite experience.									
37)	Distributes color decoratively.									
38)	Shows relationships between color and object (but may deviate for expressive purposes).									
39)	Writes name or words in cursive.									
40)	Differentiates between sexes in simple manner.									

CODE:

4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

APPENDIX B

PAINTING

CHECK SHEET
PAINTING

CLIENT_____
AREA_____

STEP DATE										
PAINTING:										
FINGER PAINTING										
1) Enjoys tactile sensations of paint.										
2) Puts paint on paper or table (for table top painting).										
3) Spreads paint around with hands/fingers.										
4) Uses dabbing motions.										
5) Uses large sweeping motions over whole paper.										
6) Makes marks with simple objects.										
7) Makes simple designs.										
8) Makes recognizable shapes.										
9) Makes recognizable objects.										
10) Can combine 2 colors to make a third.										
11) Can place paper on table to make a print (for table top finger painting).										
12) Can clean up table.										
BRUSH PAINTING-LEVEL 1:										
1) Holds brush.										
2) Places brush in paint.										
3) Initiates straight line stroke on paper with brush.										
4) Initiates circular strokes on paper with brush.										
5) Uses more than one color.										
6) Paints shapes on top of each other.										
7) Paints shapes next to each other.										
8) Wipes excess paint off brush.										
9) Paints without dripping.										
10) Colors are not muddy.										
11) Cleans brush between colors.										
12) Cleans up painting materials.										

CODE:
4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

CHECK SHEET
PAINTING

CLIENT_____
AREA_____

STEP	DATE										
PAINTING:											
BRUSH PAINTING - Level 2:											
1) Paints recognizable objects.											
2) Relates colors to objects.											
3) Mixes two colors to form a third.											
4) Guides brush to stay in pre-determined area.											
5) Paints simple details.											
6) Paints decorative patterns.											
7) Depicts textures.											
8) Mixes light and dark shades of color.											

CODE:
4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

APPENDIX C

ARTS AND CRAFTS

CUTTING, PASTING, AND GLUING

CLIENT:_____
AREA:_____

STEP	DATE												
CUTTING:													
1) Can tear paper.													
2) Can grip scissors.													
3) Can open scissors.													
4) Can close scissors.													
5) Can cut small pieces of paper out of larger pieces.													
6) Can cut a straight line.													
7) Can cut a curved line.													
8) Can cut simple freeform shape.													
9) Can cut cardboard or material.													
10) Can cut advanced shapes.													
PASTING & GLUING:													
1) Knows liquid glue.													
2) Knows solid paste.													
3) Spreads glue with brush or finger.													
4) Glues precut shapes.													
5) Uses proper amount of glue.													
6) Uses designated area.													
7) Glues right side up with glue side down.													
8) Arranges placement of pieces.													
9) Wipes off excess glue with towel.													

CODE:
4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

APPENDIX D

FIBER ARTS

FIBER ARTS

CLIENT_____
AREA_____

STEP DATE												
SEWING CARDS:												
1) Uses large card with holes & blunt end cord.												
2) Can grasp cord or needle.												
3) Can put needle thru hole from front to back.												
4) Can put needle thru hole from back to front.												
5) Can pull yarn taut.												
6) Can hold work by themselves.												
NEEDLEPOINT: (Half-Cross Stitch)												
1) Grasps needle.												
2) Put needle in proper holes, front to back.												
3) Pulls needle thru.												
4) Puts needle in proper holes from back to front.												
5) Can do simple straight line pattern.												
6) Can thread needle.												
7) Can start yarn.												
8) Can stop yarn.												
9) Works rows from left to right.												
10) Can turn work 180 degrees.												
11) Can do simple patterns.												
12) Can do other stitches.												
LATCH HOOK:												
1) Can locate proper hole.												
2) Can pull yarn thru with bobby pin.												
3) Can knot yarn.												
4) Can pull knots tight.												
5) Can use latch hook tool properly.												

CODE:
4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

APPENDIX E

CERAMICS

CLIENT_____
AREA_____

STEP	DATE										
LEVEL I											
1) Holds clay & enjoys tactile sensations.											
2) Can pinch clay.											
3) Can pull off pieces of clay.											
4) Can pound clay.											
5) Can make a pancake.											
6) Can roll clay.											
7) Can texture clay with tools.											
8) Can make a coil.											
9) Can make simple forms from clay.											
10) Can make simple bowl forms.											
LEVEL II											
11) Can make simple animals & objects.											
12) Can make a pinch pot.											
13) Can cut clay in shapes.											
14) Can use hump mold.											
15) Can make coil forms.											
16) Can apply slash marks to forms or coils to join them.											
17) Can apply slip to forms on coils to join them.											
18) Can make simple slab forms.											
19) Can use additive method of modeling.											
20) Can use subtractive method of modeling.											

CODE:
4-Independent
3-Verbal prompt
2-Physical prompt
1-Physical guidance
0-Refuses or unable
NA-Not Applicable

APPENDIX F

EVALUATION OF ART THERAPY SESSION

EVALUATION OF ART THERAPY SESSION

1. NAME:
2. MEDIA: material given to or selected by client (specify).
3. SIZE OF PAPER:
4. SUBJECT: topic given or selected by client (specify).
5. VERBALIZATION:
6. MOOD OR EMOTIONAL STATUS:
7. PHYSICAL PROLEM:
8. ORDER OF DRAWING:
9. UNUSUAL TREATMENT OF PARTS OF DRAWING:
10. PLACEMENT ON PAGE:
11. ERASURE:
12. SIZE:
13. PRESSURE:
14. DISTORTION:
15. SHADING:
16. RESULTS: (followed topic, development level)
17. COMMENTS:

APPENDIX G

INDIVIDUAL PROGRAM OUTLINE

INDIVIDUAL PROGRAM OUTLINE

CLIENT:_____ START DATE:_____

I.D. #:_____ REVIEW DATE:_____

PROGRAM NUMBER: RO-A

PROCEDURES WRITTEN BY: Connie Livingston-Dunn, ATR

QUALIFIED MENTAL RETARDATION PROFESSIONAL:_____

Connie Livingston-Dunn, ATR

IT/EP ADMINISTRATOR:_____

PROGRAM TYPE: Reality Orientation - Art Therapy

TARGET BEHAVIOR: To develop orientation to reality through art

BASELINE RATE OF TARGET BEHAVIOR:

TIMES PROCEDURES TO BE USED: 1 hour session per week

STAFF REQUIRED FOR PROCEDURE: Registered Art Therapist

DURATION OF PROGRAM: 1 Year

PROCEUDRES TO BE USED:

1. Clients will develop awareness of environment through a variety of experiences, including art, music and dance/ movement techniques.
2. Art therapy techniques will include closure, templates, projection, symbolization, sublimation, transferance and sensory stimulation to develop creative processes through the manipulation of art materials.
3. Behavior modification techniques to be used include differential reinforcement of appropriate behaviors using social praise, shaping of desired responses, gradual fading of directions, modeling of behaviors and task analysis approach to changing and developing specific behaviors as necessary.

APPENDIX F

EVALUATION OF ART THERAPY SESSION

EVALUATION OF ART THERAPY SESSION

1. NAME:
2. MEDIA: material given to or selected by client (specify).
3. SIZE OF PAPER:
4. SUBJECT: topic given or selected by client (specify).
5. VERBALIZATION:
6. MOOD OR EMOTIONAL STATUS:
7. PHYSICAL PROLEM:
8. ORDER OF DRAWING:
9. UNUSUAL TREATMENT OF PARTS OF DRAWING:
10. PLACEMENT ON PAGE:
11. ERASURE:
12. SIZE:
13. PRESSURE:
14. DISTORTION:
15. SHADING:
16. RESULTS: (followed topic, development level)
17. COMMENTS:

APPENDIX G

INDIVIDUAL PROGRAM OUTLINE

INDIVIDUAL PROGRAM OUTLINE

CLIENT:_____ START DATE:_____

I.D. #:_____ REVIEW DATE:_____

PROGRAM NUMBER: RO-A

PROCEDURES WRITTEN BY: Connie Livingston-Dunn, ATR

QUALIFIED MENTAL RETARDATION PROFESSIONAL:_____

Connie Livingston-Dunn, ATR

IT/EP ADMINISTRATOR:_____

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